

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/582134** FILING DATE **JUN 08 2006**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51					
2			/					52					
3			/					53					
4			/					54					
5			/					55					
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7			/					57					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	/	↓			TOTAL IND.			↓		
TOTAL DEP.			←	/0	←			TOTAL DEP.			←		
TOTAL CLAIMS			↓/↓					TOTAL CLAIMS			↓/↓		